

MDR Tracking Number: M5-04-3973-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on July 21, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The IRO agrees with the previous determination that three units of therapeutic exercises for dates of service 9/17/03 through 10/14/03 **were found to be medically necessary**. The manual therapy technique, electrical stimulation, magnetic resonance imaging, office visits, work hardening, muscle testing, and range of motion measurements rendered from 9/17/03 through 2/2/04, and therapeutic exercises from 10/15/03 through 2/2/04 **were not found to be medically necessary**. The respondent raised no other reasons for denying reimbursement of the manual therapy technique, electrical stimulation, magnetic resonance imaging, office visits, work hardening, muscle testing, range of motion measurements, and therapeutic exercises.

ORDER

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 9/17/03 through 10/14/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 5th day of November 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division
MQO/mqo

NOTICE OF INDEPENDENT REVIEW DECISION

September 16, 2004

Amended Letter 10/26/04

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker:
MDR Tracking #: M5-04-3973-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents

utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. TMF's health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 54 year-old male injured his left ankle and foot on ____ when he slipped while cutting the grass at the job-site. His diagnoses are tenosynovitis of foot and ankle, spasm of muscle and disturbance of skin sensation. He has been treated with therapy and medications.

Requested Service(s)

97140 - Manual Therapy Technique, 97110 - Therapeutic Exercises, 97032 - Electrical Stimulation, 73721-22 - Magnetic Resonance Imaging, 99212, 99213 - Office Visits, 97545 - Work Hardening/Conditioning-initial, 97546 - Work Hardening/Conditioning-each additional hour, muscle testing and range of motion measurements for dates of service 09/17/03 through 02/02/04.

Decision

It is determined that three units of therapeutic exercises for dates of service 09/17/03 through 10/14/03 were medically necessary to treat this patient's condition. However, it is determined that all other requested services were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Based on the patient's history and injury it is reasonable that the patient participate a short course of active care. The medical record documentation does indicate the necessity for three units of therapeutic exercises for dates of service 09/17/03 through 10/14/03. Therapeutic exercises may be performed in a clinic one-on-one, in a clinic in a group, at a gym or at home. A home exercise program is preferable because the patient can perform them on a daily basis.

Standard of practice parameters state that after a maximum of two trial therapy series of manual procedures lasting up to two weeks each (four weeks total) without significant documented improvement, manual procedures may no longer be appropriate and alternative care should be considered. Medical record documentation does not indicate improvement to support any treatment after that initial 4-week period therefore the manual therapy technique, electrical stimulation, magnetic resonance imaging, office visits, work hardening/conditioning-initial, work hardening/conditioning-each addition hour, muscle testing and range of motion measurements from 09/17/03 through 02/02/04 were not medically necessary. Therapeutic exercises from 10/15/03 through 02/02/04 were also not medically necessary. Three units of therapeutic exercise from 09/17/03 through 10/14/03 were medically indicated.

Sincerely,